Compensation of	Hospital E	mployees				DOH 422-	M DH	ngton State Department of Lealth REV` 08/01/2012)
Calendar Year:	2,012					5011422	002/0110/201 (1	(2010172012)
Entity Name:		unty Public Hose	ital District #1 dba N	lewport Hospital & H	ealth Services			
	1 0114 0101110 00			of W-2 and/or 1099 N				
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	(ii) Bonus & Incentive Compensation	(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
1 Thomas W. Wilbur	х		146,062	15,412	0	9,432	7,333	178,238
2 Kim M Manus			97,310			6,337	7,855	111,501
3 Adolph F Knorr			83,904			5,677	7,274	96,856
4 Roger D. Rasmussen			78,757			5,255	7,798	91,810
5 Collette M Meyers			77,198			202	7,774	85,174
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0
Add Additional lines as need	led							
Notes:								
Please refer to IRS Form 990 a	nd Schedule J for	definitions of types	of compensation					
Form 990 Schedule J	http://www.irs.gov	v/pub/irs-pdf/i990sj	<u>.pdf</u>					
If the five highest paid employe without patient care responsibil	ities on lines 2 thro	ugh 6.			r the lead administrator on I	ine 1, and for the five	highest paid	employees
Please submit compensation		either by mail, fax or	email to the following add	dress:				
Washington State Departmen		<u> </u>						
Center for Health Statistics/H	ospital and Patient D	Data Section						
MS: 47814								
Olympia, WA 98504-7814								

Fax: (360) 753-4135				
email: hos@doh.wa.gov				